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APPLICANTS

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** CONTINUING DATA *****

- None - *BF*

** FOREIGN APPLICATIONS *****

- None - *BF*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENCE
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	AL	DRAWING 3	CLAIMS 20	CLAIMS 2
Verified and Acknowledged	Examiner's Signature <i>BF</i> Initials				

ADDRESS

49584
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TITLE

Protective garment

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